

month thereafter.

Please type or print information:

Device Make

Submit with every NEW or RENEWAL application:

A copy of the lease agreement with the Organization.

Device Model

## **Video Gaming Device Permit**

Louisiana Department of Revenue Office of Charitable Gaming PO Box 1631 Baton Rouge, LA 70821 Phone: 1-800-562-9235 www.ocg.louisiana.gov

License Year 20\_

☐ NEW PERMIT

EVM Permit Number (if Renewal)

☐ RENEWAL PERMIT

\*\*Please complete an application for each device\*\*

Device Serial Number

Non-refundable \$600 permit fee. Make check payable to Office of Charitable Gaming. In lieu of the entire annual payment, submit \$50 for the first month(s) and \$50 by the 15th of each

Authorized Representative (Print) Signature				Distributor License Number  Distributor's FAX Number	
Contact Person  Current Location of Device Current A  Authorized Representative (Print) Signature  Provide the name and license numbe				Distributor's FAX Number	
Current Location of Device Current A  Authorized Representative (Print) Signature  Provide the name and license numbe		Physical Address (Street, City, State, Zip Code)			
Authorized Representative (Print)  Signature  Provide the name and license numbe	Contact Person				
Provide the name and license numbe	Current Address			Current Location License Number	
	Signature of Authorized Representative Date		Daytime Phone Number		
Organization	Provide the name and license number of each organization leasing this device. You may use an attached list if necessary.				
	License Number Organization		IZACION	License Number	
1					
	Do not unito halomathia	line For efficiency			
Permit Number Check No.	Do not write below this umber	Amount	e only.	Receipt C-	
Signature of office personnel					
				Date	